

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000003597

1. Corporation Name

CR PUBLICATIONS, INC.

Principal Place of Business

4203 BAY PT. RD.
PANAMA CITY FL 32408

Mailing Address

P. O. BOX 28480
PANAMA CITY FL 32411

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2000

5. FEI Number

59-3619521

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	CHRIS RASH	4203 Bay Point Rd.	Panama City Beach, FL 32408

300005022539-1
-02/27/02--01009--008
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

RASH, CHRIS
4203 BAY PT. RD.
PANAMA CITY FL 32408

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

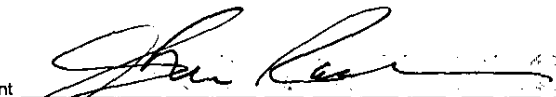
City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

1/8/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS RASH

Date

1/8/02

Daytime Phone #

850-230-2856

CR2E040 (8/01)



Chris Rash

Special Publications

P.O. Box 28480, Panama City, Florida 32411

Office 850 236-9700 • Fax 850 236-9800 • Mobile 850 832-4499

Division of Corporations
Annual Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom it May Concern:

I am enclosing my form for Corporate Reinstatement and my check for \$300 for the years 2001 and 2002.

I never received the notices from your Department. My post office box is in a small contract post office and under ideal circumstances they get many many pieces of mail misboxed. For the last couple of years I have been going to MD Anderson Cancer Hospital for treatments every month and during the year 2000 I was gone for two months having surgery.

When people are out of town at this post office they pile the mail in paper bags - the whole thing is a mess! Due to my absense many pieces of mail, not only these notices, have not reached me. I am sorry I did not receive the notices at the appropriate time.

Please accept my \$300 and waive the late fees due to the circumstances.

Thank you in Advance.

Sincerely yours,

Chris Rash

2002

5/4/02